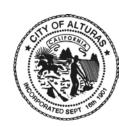
## OFFICE OF THE CITY TREASURER CITY OF ALTURAS



## TRANSIENT OCCUPANCY REGISTRATION CERTIFICATE APPLICATION

Owner's Name:	
DBA Name:	
City of Alturas Business License Number:	FEIN or SSN:
Mailing Address:	
Street Address of Hotel/Motel/Vacation Renta	al:
Telephone Number:	Total No. of Rental Units:
Contact Name for Audit Purposes:	
Contact Phone Number:	Contact Email Address:
Signature of Authorized Person:	
Printed Name:	
Date:	Phone:
Please re	eturn this application to:
	City of Alturas
20	City Treasurer  O W. North Street
-	Alturas, CA 96101
The City of Alturas Transient Occupancy Tax i Ordinances. Refer to <a href="https://library.municode.">https://library.municode.</a>	s codified in Chapter 24, Article III of the City of Alturas Code of com/ca/alturas/codes/code of ordinances.
requires every person engaged in the busine boardinghouse, apartment house, lodgingh letting the same, including multiple and s	uras Code of Ordinances Chapter 13, Article II, Section 13-36 ess of conducting or operating any hotel, motel, roominghouse, nouse, or trailer camp, or engaged in the business of renting or single family dwellings, shall pay an annual license fee of fifty apt from licensing. For information on obtaining a Business 30) 233-2512
TREASURER USE ONLY	
Date Business License was Verified	Date Certificate Issued